

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED
PARTNERSHIP
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT -1 PM 12:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A30705

1. Name of Limited Partnership POLYN TAYLOR-ONE LIMITED PARTNERSHIP

2. Principal Office Address

7479 CONROY ROAD

Suite, Apt. #, etc.

SUITE B

City & State

ORLANDO, FLORIDA

Zip

32835

Country

3. Mailing Office Address

P.O. BOX 1727

Suite, Apt. #, etc.

City & State

WINDERMERE, FLORIDA

Zip

34786

Country

4. Date Formed or Registered
To Do Business in Florida

10/15/1990

5. FEI Number

59-3078307

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$6.75 Additional Fee required
for a Certificate of Status

7a. Capital Contributions as shown on Record:

\$4,500.00

7b. Amount of Capital Contributions in FLORIDA to date:

\$4,500.00

8. Name and Address of Current Registered Agent

Name

NORMA L. WAITE

Street Address (P.O. Box Number is Not Acceptable)

7479 CONROY ROAD

Suite, Apt. #, Etc.

SUITE B

City

ORLANDO

State

FL

Zip Code

32835

FEES:

1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.

2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year.

3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent.

Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

9. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

10. Name(s) of General Partner(s)

WAITE, NORMA L
7479 CONROY ROAD, SUITE B
ORLANDO, FL 32835

Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

City, State and Zip Code

10a. Registration
Document Number

800023487308
10/01/03--01041--009 **641.25

800023487308
10/01/03--01041--010 **641.25

REINSTATEMENT

02-03

FAL

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

NORMA WAITE MD

DATE

9-28-03

Typed or Printed Name of General Partner Signing Form

NORMA WAITE MD

Telephone Number

(407) 292-5007

CR2E038 (10/02)